

## APPLICATION FOR ROUTINE AMBULANCE SERVICE LICENSE

\$75.00 Application Fee due at time of submission of application.

### IF APPLICANT IS AN INDIVIDUAL:

- 1) Applicant's Name: \_\_\_\_\_
- 2) Applicant's Address (Street Address, City, State & Zip): \_\_\_\_\_  
\_\_\_\_\_
- 3) Applicant's Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- 4) Length of Time Applicant has been a Resident of the City of Lincoln: \_\_\_\_\_

### IF APPLICANT IS A BUSINESS, PARTNERSHIP, OR ASSOCIATION:

- 1) Type of Applicant (Corporation, Partnership, Association, Etc.): \_\_\_\_\_
- 2) Applicant's Name (Full Name of Entity): \_\_\_\_\_  
\_\_\_\_\_
- 3) Applicant's Full Address (Street Address, City, State & Zip): \_\_\_\_\_  
\_\_\_\_\_
- 4) Owner's, President's, or CEO's Full Name: \_\_\_\_\_
- 5) Length of Time such person has resided in Lincoln: \_\_\_\_\_
- 6) Partners', Officers'/Director's or Co-owners' Names & Length of Time such Person(s) have resided in Lincoln:

Names:	Length of Time Resided in Lincoln

## CONTACT INFORMATION:

Please give the Full Name, Address, Business Telephone Number, & Title of a contact person the City should notify in the event of questions, comments, or to notify regarding hearings or the status of the license.

- 1) Name: \_\_\_\_\_ Title: \_\_\_\_\_
- 2) Business Address: \_\_\_\_\_
- 3) E-Mail Address: \_\_\_\_\_
- 4) Business Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_
- 5) Emergency, After-Hours Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

## OPERATIONS INFORMATION:

- 1) Do you agree to have at least one ambulance available for routine ambulance service twenty-four hours daily: \_\_\_\_\_ Yes \_\_\_\_\_ No
- 2) How many ambulances do you propose to have available for service at one time: \_\_\_\_\_
- 3) Where will the ambulances be stationed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 4) Please detail applicant's experience in the provision of ambulance or other types of out-of-hospital emergency medical services, including but not limited to years of service, locations of past or concurrent service, types of services provided, and any licenses or certificates (including from the State of Nebraska) held by the applicant (and its employees). Please attach a copy of your State of Nebraska Emergency Medical Service License.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 5) Has the applicant, or any person in a responsible post in applicant's organization, ever been convicted of any felony or other offense involving moral turpitude: \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please explain in detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 6) Does the applicant (or the organization the applicant represents) have any claims or judgments against it (whether pending or resolved) for damages arising from any claim regarding criminal,

reckless, or negligent provision of ambulance, paramedic, or any other out-of-hospital emergency medical care: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain in detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 7) Does the applicant (or the organization applicant represents) have any claims or judgments (whether pending or resolved) against it stemming from any claim of discriminatory practices relating to race, color, religion, sex, disability, national origin, ancestry, age, or marital status? \_\_\_\_\_  
\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain in detail: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 8) Applicant is expected to attach hereto a set of financial statements prepared in accordance with generally accepted accounting principals. In addition, applicant may discuss applicant's financial ability & responsibility below if desired.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 9) For each ambulance applicant will have in service within the corporate limits of the City of Lincoln, please provide the following information:

VEHICLE #1'S INFORMATION

YEAR: \_\_\_\_\_

MAKE: \_\_\_\_\_

MODEL: \_\_\_\_\_

VIN NO.: \_\_\_\_\_

MAINTENANCE HISTORY:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VEHICLE #2'S INFORMATION

YEAR: \_\_\_\_\_

MAKE: \_\_\_\_\_

MODEL: \_\_\_\_\_

VIN NO.: \_\_\_\_\_

MAINTENANCE HISTORY:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VEHICLE #3'S INFORMATION

YEAR: \_\_\_\_\_

MAKE: \_\_\_\_\_

MODEL: \_\_\_\_\_

VIN NO.: \_\_\_\_\_

MAINTENANCE HISTORY:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VEHICLE #4'S INFORMATION

YEAR: \_\_\_\_\_

MAKE: \_\_\_\_\_

MODEL: \_\_\_\_\_

VIN NO.: \_\_\_\_\_

MAINTENANCE HISTORY:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VEHICLE #5'S INFORMATION

YEAR: \_\_\_\_\_

MAKE: \_\_\_\_\_

MODEL: \_\_\_\_\_

VIN NO.: \_\_\_\_\_

MAINTENANCE HISTORY:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VEHICLE #6'S INFORMATION

YEAR: \_\_\_\_\_

MAKE: \_\_\_\_\_

MODEL: \_\_\_\_\_

VIN NO.: \_\_\_\_\_

MAINTENANCE HISTORY:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 10) Does each vehicle listed above meet the requirements of the federal government and those of the State of Nebraska: \_\_\_\_\_

- 11) Has the applicant (and/or organization the applicant represents) ever been excluded from participation in a federal health care program: \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please explain in detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 12) Please describe in detail applicant's communications system & equipment, including details regarding applicant's ability to implement an NAEMD approved prioritization of calls system. Include information regarding training in this regard, and indicate whether applicant is NAEMD certified:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 13) Do you understand that it may be necessary to supply additional or more detailed information and do you agree to furnish such information in a timely manner upon request from the Finance Director? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 14) Do you agree that by submitting this application you are acknowledging that you are familiar with the provisions of Title 7 of the Lincoln Municipal Code and that you agree to abide by and follow the law as set forth therein? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 15) Do you agree that by submitting this application you are requesting a license to operate a routine ambulance service as defined in Title 7 of the Lincoln Municipal Code and that such license will not and does not authorize you to perform any other type of ambulance service within the corporate limits of the City of Lincoln? \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
Signature of Applicant

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ ) ss:

\_\_\_\_\_, being first duly sworn and on oath, deposes and says that  
(applicant's name)

he/she is the \_\_\_\_\_, of \_\_\_\_\_;  
(Title) (Business & Trade Name)

that he/she is authorized to act for & on behalf of said company, partnership, corporation, or entity;  
that he/she has read the foregoing application for a license to perform routine ambulance service  
within the corporate limits of the City of Lincoln, and states that the best of his/her knowledge, all of  
the facts and statements set forth herein are true.

\_\_\_\_\_  
Signature of Applicant

Subscribed in my presence and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_.

\_\_\_\_\_  
Notary Public

## **ATTACHMENTS NEEDED FOR SUBMISSION OF APPLICATION**

Copy of your State of Nebraska Emergency Medical Service License

Set of financial statements prepared in accordance with generally accepted accounting principals

\$75.00 Application Fee.